

684

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH			ARIZONA STATE BOARD OF HEALTH		
BUREAU OF VITAL STATISTICS			State Index No. 106		
ORIGINAL CERTIFICATE OF BIRTH			Co. Register No. 374		
Local Registrar's No.			St; Ward		
County of <u>Gila</u>					
District of <u>Globe</u>					
Town of <u>Globe</u>					
City of <u>Globe</u>					
(No. _____ St; _____ Ward)					
FULL NAME OF CHILD <u>Robert Kendrick Allen</u>					
If child is not named, make Supplemental Report on blank obtainable from local registrar.					
Sex of Child	Male	Twin, Triplet or other	and	Number in order of birth	Legitimate?
					Yes
Date of Birth	Dec. 25	1914			
	(Month)	(Day)			(Yr.)
FATHER			MOTHER		
Full Name <u>Charles David Allen</u>			Full Maiden Name <u>Senna W. Pruitt</u>		
Residence <u>Cor. Hill & Ash Sts</u>			Residence <u>Dame</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>38</u>			Age at last Birthday <u>28</u>		
(Years)			(Years)		
Birthplace <u>Neosho, Mo.</u>			Birthplace <u>Burnett, Texas</u>		
Occupation <u>Salesman</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>			Number of children, of this mother, now living <u>2</u>		
Were precautions taken against Ophthalmia neonatorum?			Yes		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of above child; and that it occurred on <u>Dec 25</u> , 191 <u>4</u> , at <u>7 P</u> M.					
{ *When there is no attending physician or midwife, then the householder should make this return.					
(Signature) <u>C. J. Sturgeon</u>					
(Attending physician, midwife, householder *)					
Given or christian name added from a supplemental report <u>191</u>					
Address _____					
Filed <u>Dec 30</u> 191 <u>4</u>					
913-1275-273 Filed <u>Jan 5</u> 191 <u>5</u>					
COUNTY REGISTRAR.					
A True Copy					
LOCAL REGISTRAR.					
COUNTY REGISTRAR.					